

State of Alabama Unified Judicial System Form AFD-6 Rev. 10/2024	ATTORNEY'S FEE DECLARATION (Juvenile) [For Appointments made on or after 10/01/2024]	County Code — —	Case Number — — — — — Jurisdiction Year Case# Suffix												
☐ In the Juvenile Court of: _____ County Attorney Name (Please type or print) _____ _____ Social Security Number or FEIN _____ Appeal To: (\$5,000 limit) ☐ Alabama Court of Criminal Appeals ☐ Alabama Court of Civil Appeals ☐ Supreme Court of Alabama Type of Case: (\$4,500 limit) ☐ Delinquency ☐ Dependency ☐ Termination of Parental Rights (TPR) ☐ Child In Need of Supervision (CHINS) ☐ Other (describe) _____ ☐ Check only if appointed GAL for child in Dependency and/or TPR case (\$5,000 limit)															
The undersigned attorney declares that on (date) _____, the Honorable _____, Judge, appointed the undersigned to represent ☐ Child; ☐ Mother; ☐ Father; ☐ as GAL for Child; ☐ as GAL for Other _____; ☐ legal custodian / legal guardian; ☐ petitioner; ☐ Other _____ and on (date) _____, the case was disposed of by _____. (Adjudication of dependency, in need of supervision or delinquency, cert. denied, etc.) <table style="width: 100%;"><tr><td style="width: 50%;">In Court Appearance (Trial Level or Post-Conviction Proceeding)</td><td style="width: 50%;">Total Hours _____ x \$ 70.00 per hour = _____</td></tr><tr><td>Out-of-Court Preparation (Trial Level or Post-Conviction Proceeding)</td><td>Total Hours _____ x \$ 70.00 per hour = _____</td></tr><tr><td>Preparation (Appellate Level)</td><td>Total Hours _____ x \$ 85.00 per hour = _____</td></tr><tr><td>Reimbursable Non-overhead Expenses up to \$300 (Receipts attached)</td><td>_____</td></tr><tr><td>Reimbursable Non-overhead Expenses exceeding \$300 (Pre-approved by the Court and Receipts attached)</td><td>_____</td></tr><tr><td colspan="2" style="text-align: right;">TOTAL CLAIM OF ATTORNEY _____</td></tr></table> NOTICE TO ATTORNEY: Complete this form. Attach a copy of a complete itemization of in-court appearances; out-of-court preparation; preparation for appeals; and all reimbursable non-overhead expenses. Attach invoice or receipt for all expenses and corresponding court orders. Make a copy of same for the court's record and a copy for your records. This form and attachments must be received by the Office of Indigent Defense Services no later than 120 days from final disposition of the case.				In Court Appearance (Trial Level or Post-Conviction Proceeding)	Total Hours _____ x \$ 70.00 per hour = _____	Out-of-Court Preparation (Trial Level or Post-Conviction Proceeding)	Total Hours _____ x \$ 70.00 per hour = _____	Preparation (Appellate Level)	Total Hours _____ x \$ 85.00 per hour = _____	Reimbursable Non-overhead Expenses up to \$300 (Receipts attached)	_____	Reimbursable Non-overhead Expenses exceeding \$300 (Pre-approved by the Court and Receipts attached)	_____	TOTAL CLAIM OF ATTORNEY _____	
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TOTAL CLAIM OF ATTORNEY _____															
The undersigned attorney further declares that the above claim is true and correct and represents the services actually rendered by him/her as an attorney and the amount is due and payable. I further declare that the above claim is not a duplication of charges and expenses in any case (companion or otherwise). Signature of Attorney _____ Attorney Code _____ Mailing Address of Attorney (please type or print) (including city, state, and zip code) _____ _____ _____ Date _____ E-mail Address: _____ Telephone Number _____ Fax Number _____															
I, the undersigned judge, hereby certify that the attorney presenting this claim provided representation in this matter and that said matter has been concluded. I am further of the opinion that this claim is reasonable based upon the defense provided. Judge's Signature _____ Date _____															
NOTICE TO ATTORNEY AND JUDGE: Sections 15-12-21 through 15-12-23, Ala. Code 1975, provide for the payment of attorney fees and extraordinary expenses incurred by counsel appointed to represent indigent defendants at the trial level, on appeal, and in post-conviction proceedings. APPELLATE COURTS – WHEN THE FEE DECLARATION SEEKS REIMBURSEMENT FOR APPELLATE SERVICES, SEND FEE DECLARATION DIRECTLY TO OFFICE OF INDIGENT DEFENSE SERVICES. THIS FORM MUST CONTAIN ORIGINAL SIGNATURES OF THE ATTORNEY AND THE JUDGE (WHEN REQUIRED). THIS FORM WITH ATTACHED ITEMIZATION MUST BE SUBMITTED TO THE TRIAL COURT JUDGE FOR CERTIFICATION, AND THEN SUBMITTED TO THE OFFICE OF INDIGENT DEFENSE SERVICES. MAIL TO: Office of Indigent Defense Services, P.O. BOX 302598, Montgomery, Alabama 36130-2598.															